

Medi-Cal Aid Codes Documentation

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This document contains two lists with Aid Code information:

- Brief aid code descriptions, and which ones are active/inactive
(Excerpted from the MEDS Network User Manual, Quick Reference Guide,
issued by the Information Technology Services Division, CaDHS)
- Narrative description of aid codes
(Excerpted from the EDS Medi-Cal Provider Manual)

(To go directly to either of the two lists, click on the appropriate item above.)

The California HealthCare Foundation, a non-profit organization, has published information on Medi-Cal aid codes in the publication entitled “The Guide to Medi-Cal Programs,” accessible through their website at

<http://www.chcf.org/topics/medi-cal/index.cfm>.

Aid Codes Master Chart

The following aid codes identify the types of services for which different Medi-Cal, CMSP, CCS/GHPP and CHDP recipients are eligible.

Code	Benefits	SOC	Program/Description
0A	Full	No	Refugee Cash Assistance (FFP). Includes unaccompanied children. Covers all eligible refugees during their first eight months in the United States. Unaccompanied children are not subject to the eighth-month limitation provision. This population is the same as aid code 01, except that they are exempt from grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project.
0M	Full	No	Breast and Cervical Cancer Treatment Program (BCCTP) – Accelerated Enrollment (AE). Provides temporary AE for full-scope, no Share of Cost (SOC) Medi-Cal for females younger than 65 years of age who have been diagnosed with breast and/or cervical cancer. Limited to two months.
0N	Full	No	BCCTP – AE. Provides temporary AE for full-scope, no SOC Medi-Cal for females younger than 65 years of age who have been diagnosed with breast and/or cervical cancer. No time limit.
0P	Full	No	BCCTP – Federal. Provides full-scope, no SOC Medi-Cal for females younger than 65 years of age who are diagnosed with breast and/or cervical cancer and are without creditable insurance coverage.
0R	Restricted Services	No	BCCTP – High Cost Other Health Coverage (OHC). Provides payment of premiums, co-payments, deductibles and coverage for non-covered cancer-related services for all-age males and females, including undocumented aliens, who have been diagnosed with breast and/or cervical cancer. Breast-cancer-related services covered for 18 months. Cervical-cancer-related services covered for 24 months.
0T	Restricted Services	No	BCCTP – State. Provides 18 months of breast cancer treatments and 24 months of cervical cancer treatments for all-age males and females 65 years of age or older, regardless of citizenship, who have been diagnosed with breast and/or cervical cancer. Does not cover individuals with expensive, creditable insurance.
0U	Restricted Services	No	BCCTP – Undocumented Aliens. Provides emergency, pregnancy-related and Long Term Care (LTC) services to females younger than 65 years of age with unsatisfactory immigration status who have been diagnosed with breast and/or cervical cancer. Does not cover individuals with creditable insurance. State-only cancer treatment services are 18-months (breast) and 24-months (cervical).
0V	Restricted Services	No	Post-BCCTP – Provides limited-scope no SOC Medi-Cal emergency, pregnancy-related and LTC services for females younger than 65 years of age with unsatisfactory immigration status and without creditable health insurance coverage who have exhausted their 18-months (breast) or 24-months (cervical) period of cancer treatment coverage under aid code 0U.
01	Full	No	Refugee Cash Assistance (FFP). Includes unaccompanied children. Covers all eligible refugees during their first eight months in the United States. Unaccompanied children are not subject to the eighth-month limitation provision.
02	Full	Y/N	Refugee Medical Assistance/Entrant Medical Assistance (FFP). Covers refugees and entrants who need Medi-Cal and who do not qualify for or want cash assistance.

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Code	Benefits	SOC	Program/Description
03	Full	No	Adoption Assistance Program (AAP) (FFP). A cash grant program to facilitate the adoption of hard-to-place children who would require permanent foster care placement without such assistance.
04	Full	No	Adoption Assistance Program/Aid for Adoption of Children (AAP/AAC) (non-FFP). Covers cash grant children receiving Medi-Cal by virtue of eligibility to AAP/AAC benefits.
07	Restricted to emergency services	No	Asset Waiver Program. Infant – Undocumented/Non-immigrant Alien (but otherwise eligible). Provides emergency services only for infants up to age 1 year and continues beyond 1 year when inpatient status, which began before 1 st birthday, continues and family income is between 185 percent and 200 percent of the Federal poverty level (State-only program).
08	Full	No	Entrant Cash Assistance (ECA) (FFP). Provides ECA benefits to Cuban/Haitian entrants, including unaccompanied children who are eligible, during their first eight months in the United States. (For entrants, the month begins with their date of parole.) Unaccompanied children are not subject to the eighth-month limitation provision.
<u>1D</u>	<u>Full</u>	<u>No</u>	<u>Aged – In-Home Supportive Services (IHSS). Covers aged individuals discontinued from the IHSS residual program for reasons other than the loss of Supplemental Security Income/State Supplemental Payment (SSI/SSP) until the county determines their Medi-Cal eligibility.</u>
1E	Full	No	<u>Craig v. Bonta</u> – Continued Eligibility for the Aged. Covers former Supplemental Security Income/State Supplemental Payment (SSI/SSP) recipients, who are aged, until the county determines their Medi-Cal eligibility.
1H	Full	No	Federal Poverty Level – Aged (FPL-Aged). Provides full-scope (no SOC) Medi-Cal to qualified aged individuals/couples.
1U	Restricted to pregnancy and emergency services	No	Restricted Federal Poverty Level – Aged (Restricted FPL-Aged). Provides emergency and pregnancy-related benefits (no SOC) to qualified aged individuals/couples who do not have satisfactory immigration status.
1X	Full	No	Aid to the Aged – Multipurpose Senior Services Program (MSSP) (FFP). Covers persons 65 years of age or older who are eligible for Medi-Cal inpatient care in a nursing facility. Provides an MSSP waiver with full-scope benefits, no SOC, for transitional and non-transitional services.
1Y	Full	Yes	Aid to the Aged – MSSP (FFP). Covers persons 65 years of age or older who are eligible for Medi-Cal inpatient care in a nursing facility. Provides an MSSP waiver with full-scope benefits and SOC, for transitional and non-transitional services.
10	Full	No	SSI/SSP Aid to the Aged (FFP). A cash assistance program administered by the SSA, which pays a cash grant to needy persons 65 years of age or older.
13	Full	Y/N	Aid to the Aged – LTC (FFP). Covers persons 65 years of age or older who are medically needy and in LTC status.
14	Full	No	Aid to the Aged – Medically Needy (FFP). Covers persons 65 years of age or older who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only.

Code	Benefits	SOC	Program/Description
16	Full	No	Aid to the Aged – Pickle Eligibles (FFP). Covers persons 65 years of age or older who were eligible for and receiving SSI/SSP and Title II benefits concurrently in any month since April 1977 and were subsequently discontinued from SSI/SSP but would be eligible to receive SSI/SSP if their Title II cost-of-living increases were disregarded. These persons are eligible for Medi-Cal benefits as public assistance recipients in accordance with the provisions in the <u>Lynch v. Rank</u> lawsuit.
17	Full	Yes	Aid to the Aged – Medically Needy, SOC (FFP). Covers persons 65 years of age or older who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC required.
18	Full	No	Aid to the Aged – IHSS (FFP). Covers aged IHSS cash recipients, 65 years of age or older, who are not eligible for SSI/SSP cash benefits.
2A	Full	No	Abandoned Baby Program. Provides full-scope benefits to children up to 3 months of age who were voluntarily surrendered within 72 hours of birth pursuant to the Safe Arms for Newborns Act.
2D	Full	No	<u>Blind – In-Home Supportive Services (IHSS). Covers blind individuals discontinued from the IHSS residual program for reasons other than the loss of Supplemental Security Income/State Supplemental Payment (SSI/SSP) until the county determines their Medi-Cal eligibility.</u>
2E	Full	No	<u>Craig v. Bonta</u> – Continued Eligibility for the Blind. Covers former SSI/SSP recipients, who are blind, until the county determines their Medi-Cal eligibility.
20	Full	No	SSI/SSP Aid to the Blind (FFP). A cash assistance program, administered by the SSA, which pays a cash grant to needy blind persons of any age.
23	Full	Y/N	Aid to the Blind – LTC Status (FFP). Covers persons who meet the federal criteria for blindness, are medically needy, and are in LTC status.
24	Full	No	Aid to the Blind – Medically Needy (FFP). Covers persons who meet the federal criteria for blindness who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only.
26	Full	No	Aid to the Blind – Pickle Eligibles (FFP). Covers persons who meet the federal criteria for blindness and are covered by the provisions of the <u>Lynch v. Rank</u> lawsuit. (See aid code 16 for definition of Pickle eligibles.)
27	Full	Yes	Aid to the Blind – Medically Needy, SOC (FFP). Covers persons who meet the federal criteria for blindness who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC is required of the beneficiaries.
28	Full	No	Aid to Blind – IHSS (FFP). Covers persons who meet the federal definition of blindness and are eligible for IHSS. (See aid code 18 for definition of eligibility for IHSS.)
3A	Full	No	Safety Net – All Other Families, California Work Opportunity and Responsibility to Kids (CalWORKs), Timed-Out, Child-Only Case. Provides for continued cash assistance and Medi-Cal coverage for children whose parents were discontinued from cash assistance and removed from the Assistance Unit (AU) due to reaching the CalWORKs 60-month time limit.
3C	Full	No	Safety Net – Two-Parent Families, CalWORKs, Timed-Out, Child-Only Case. Provides continued cash assistance and Medi-Cal coverage for children whose parents were discontinued from cash assistance and removed from the AU due to reaching the CalWORKs 60-month time limit.

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Code	Benefits	SOC	Program/Description
3E	Full	No	CalWORKs Legal Immigrant – Family Group (FFP). Provides aid to families in which a child is deprived because of the absence, incapacity or death of either parent.
3G	Full	No	AFDC-FG (State only) (non-FFP cash grant FFP for Medi-Cal eligibles). Provides aid to families in which a child is deprived because of the absence, incapacity or death of either parent, who does <u>not</u> meet all federal requirements, but State rules require the individual(s) be aided. This population is the same as aid code 32, except that they are exempt from the AFDC grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project.
3H	Full	No	AFDC-FU (State only) (non-FFP cash grant FFP for Medi-Cal eligibles). Provides aid to pregnant women (before their last trimester) who meet the federal definition of an unemployed parent but are not eligible because there are no other children in the home. This population is the same as aid code 33, except that they are exempt from the AFDC grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project.
3L	Full	No	CalWORKs Legal Immigrant – Family Group (FFP). Provides aid to families in which a child is deprived because of the absence, incapacity or death of either parent.
3M	Full	No	CalWORKs Legal Immigrant – Unemployed (FFP). Provides aid to families in which a child is deprived because of the unemployment of a parent living in the home.
3N	Full	No	AFDC – Mandatory Coverage Group Section 1931(b) (FFP). Section 1931 requires Medi-Cal be provided to low-income families who meet the requirements of the Aid to Families with Dependent Children (AFDC) State Plan in effect July 16, 1996.
3P	Full	No	AFDC Unemployed Parent (FFP cash) – Aid to Families in which a child is deprived because of the unemployment of a parent living in the home and the unemployed parent meets all federal AFDC eligibility requirements. This population is the same as aid code 35, except that they are exempt from the AFDC grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project.
3R	Full	No	AFDC – Family Group (FFP) in which the child(ren) is deprived because of the absence, incapacity or death of either parent. This population is the same as aid code 30, except that they are exempt from the AFDC grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project.
3T	Restricted to pregnancy and emergency services	No	Initial Transitional Medi-Cal (TMC) (FFP). Provides six months of emergency and pregnancy-related initial TMC benefits (no SOC) for aliens who do not have satisfactory immigration status (SIS) and have been discontinued from Section 1931(b) due to increased earnings from employment.
3U	Full	No	CalWORKs Legal Immigrant – Unemployed (FFP). Provides aid to families in which a child is deprived because of the unemployment of a parent living in the home.

Code	Benefits	SOC	Program/Description
3V	Restricted to pregnancy and emergency services	No	Section 1931(b). Provides emergency and pregnancy-related benefits (no SOC) for aliens without SIS who meet the income, resources and deprivation requirements of the AFDC State Plan in effect July 16, 1996. (FFP for emergency services including labor and delivery. State-only for pregnancy-related services.)
3W	Full	No	TANF–Timed out, mixed case (State-only program). Recipients who have reached their TANF 60-month time limit, remain eligible for CalWORKs and the family includes at least one non-federally eligible recipient.
30	Full	No	AFDC-FG (FFP). Provides aid to families with dependent children in a family group in which the child(ren) is deprived because of the absence, incapacity or death of either parent.
32	Full	No	TANF–Timed out. Recipients who have reached their TANF 60-month time limit and remain eligible for CalWORKs.
33	Full	No	AFDC – Unemployed Parent (State-only program) (non-FFP cash grant FFP for Medi-Cal eligibles). Provides aid to pregnant women (before their last trimester) who meet the federal definition of an unemployed parent but are not eligible because there are no other children in the home.
34	Full	No	AFDC-MN (FFP). Covers families with deprivation of parental care or support who do not wish or are not eligible for a cash grant but are eligible for Medi-Cal only.
35	Full	No	AFDC-U (FFP cash). Provides aid to families in which a child is deprived because of unemployment of a parent living in the home, and the unemployed parent meets all federal AFDC eligibility requirements.
36	Full	No	Aid to Disabled Widow/ers (FFP). Covers persons who began receiving Title II SSA before age 60 who were eligible for and receiving SSI/SSP and Title II benefits concurrently and were subsequently discontinued from SSI/SSP but would be eligible to receive SSI/SSP if their Title II disabled widow/ers reduction factor and subsequent COLAs were disregarded.
37	Full	Yes	AFDC-MN (FFP). Covers families with deprivation of parental care or support who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC required of the beneficiaries.
38	Full	No	Continuing Medi-Cal Eligibility (FFP). <u>Edwards v. Kizer</u> court order provides for uninterrupted, no SOC Medi-Cal benefits for families discontinued from CalWORKs until the family's eligibility or ineligibility for Medi-Cal only has been determined and an appropriate <i>Notice of Action</i> sent.
39	Full	No	Initial Transitional Medi-Cal (TMC) – Six Months Continuing Eligibility (FFP). Provides coverage to certain clients subsequent to CalWORKs cash grant or Section 1931(b) program discontinuance due to increased earnings or increased hours of employment.
4A	Full	No	Adoption Assistance Program (AAP). Program for AAP children for whom there is a state-only AAP agreement between any state other than California and adoptive parent(s).

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Code	Benefits	SOC	Program/Description
4C	Full	No	AFDC-FC Voluntarily Placed (Fed) (FFP). Provides financial assistance for those children who are in need of substitute parenting and who have been voluntarily placed in foster care.
4F	Full	No	Kinship Guardianship Assistance Payment (Kin-GAP). Federal program for children in relative placement receiving cash assistance.
4G	Full	No	Kin-GAP. State-only program for children in relative placement receiving cash assistance.
4K	Full	No	Emergency Assistance (EA) Program (FFP). Covers juvenile probation cases placed in foster care.
4M	Full	No	Former Foster Care Children (FFCC) 18 through 20 years of age. Provides full-scope Medi-Cal benefits to former foster care children who were receiving benefits on their 18th birthday in aid codes 40, 42, 45, 4C and 5K and who are under 21 years of age.
40	Full	No	AFDC-FC/Non-Fed (State FC). Provides financial assistance for those children who are in need of substitute parenting and who have been placed in foster care.
42	Full	No	AFDC-FC/Fed (FFP). Provides financial assistance for those children who are in need of substitute parenting and who have been placed in foster care.
44	Restricted to pregnancy-related services	No	Income Disregard Program. Pregnant (FFP) – <u>Covers</u> United States Citizen/ <u>U.S. National and aliens with satisfactory immigration status including lawful</u> Permanent Resident Aliens/ <u>Amnesty Aliens and PRUCOL Aliens</u> . Provides family planning, pregnancy-related and postpartum services for any age female if family income is at or below 200 percent of the federal poverty level.
45	Full	No	Children Supported by Public Funds (FFP). Children whose needs are met in whole or in part by public funds other than AFDC-FC.
47	Full	No	Income Disregard Program (FFP). Infant – United States Citizen, Permanent Resident Alien/PRUCOL Alien. Provides full Medi-Cal benefits to infants up to 1-year-old and continues beyond 1 year when inpatient status, which began before 1 st birthday, continues and family income is at or below 200 percent of the federal poverty level.
48	Restricted to pregnancy-related services	No	Income Disregard Program. Pregnant – <u>Covers aliens who do not have lawful Permanent Resident Alien, PRUCOL or Amnesty Alien status (including undocumented aliens)</u> , but <u>who are</u> otherwise eligible for <u>Medi-Cal</u> . Provides family planning, pregnancy-related and postpartum services for any age female, if family income is at or below 200 percent of the federal poverty level. Routine prenatal care is non-FFP. Labor, delivery and emergency prenatal care are FFP.

Code	Benefits	SOC	Program/Description
5F	Restricted to pregnancy and emergency services	Y/N	OBRA Aliens. Covers pregnant alien women who do not have lawful Permanent Resident Alien, PRUCOL or Amnesty Alien status (including undocumented aliens), but who are otherwise eligible for Medi-Cal.
5J	Restricted to pregnancy-related and emergency services	No	Pending Disability Program. Covers recipients whose linkage has to be re-determined under Senate Bill 87 (SB 87) requirements. Services restricted due to unsatisfactory immigration status. Recipients have a potential new linkage of disability with no SOC.
5K	Full	No	Emergency Assistance (EA) Program (FFP). Covers child welfare cases placed in EA foster care.
5R	Restricted to pregnancy-related and emergency services	Yes	Pending Disability Program. Covers recipients whose linkage has to be re-determined under SB 87 requirements. Services restricted due to unsatisfactory immigration status. Recipients have a potential new linkage of disability with an SOC.
5T	Restricted to pregnancy and emergency services	No	Continuing TMC (FFP). Provides an additional six months of continuing emergency and pregnancy-related TMC benefits (no SOC) to qualifying aid code 3T recipients.
5W	Restricted to pregnancy and emergency services	No	Four Month Continuing (FFP). Provides four months of emergency and pregnancy-related benefits (no SOC) for aliens without SIS who are no longer eligible for Section 1931(b) due to the collection or increased collection of child/spousal support.

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Code	Benefits	SOC	Program/Description
5X	Full	No	Second Year Transitional Medi-Cal (TMC). Provides a second year of full-scope (no SOC) TMC benefits for citizens and qualified aliens age 19 and older who have received six months of additional full-scope TMC benefits under aid code 59 and who continue to meet the requirements of additional TMC (State-only program).
5Y	Restricted to pregnancy and emergency services	No	Second Year TMC (State-only program). Provides a second year of continuing emergency and pregnancy-related TMC benefits (no SOC) to aliens without satisfactory immigration status who have received benefits under aid code 5T and are 19 years of age or older.
50	Restricted to CMSP emergency services only	Y/N	CMSP. MI – Restricted. Covers persons who have undetermined immigration status.
53	Restricted to LTC and related services	Y/N	Medically Indigent – LTC. Covers persons age 21 or older and under 65 years of age who are residing in a Nursing Facility Level A or B with or without SOC.
54	Full	No	Four-Month Continuing Eligibility (FFP). Covers persons discontinued from CalWORKs or Section 1931(b) due to the increased collection of child/spousal support payments but eligible for Medi-Cal only.
55	Restricted to pregnancy and emergency services	No	Aid to Undocumented Aliens in LTC Not PRUCOL. Covers undocumented aliens in LTC not PRUCOL. LTC services: State-only funds; emergency and pregnancy-related services: State and federal funds. Recipients will remain in this aid code even if they leave LTC.
58	Restricted to pregnancy and emergency services	Y/N	OBRA Aliens. Covers aliens who do not have lawful Permanent Resident Alien, PRUCOL or Amnesty Alien status (including undocumented aliens), but who are otherwise eligible for Medi-Cal.

Code	Benefits	SOC	Program/Description
59	Full	No	Additional TMC – Additional Six Months Continuing Eligibility (FFP). Covers persons discontinued from AFDC due to the expiration of the \$30 plus 1/3 disregard, increased earnings or hours of employment, but eligible for Medi-Cal only, may receive this extension of TMC.
6A	Full	No	Disabled Adult Child(ren) (DAC)/Blindness (FFP).
6C	Full	No	Disabled Adult Child(ren) (DAC)/Disabled (FFP).
<u>6D</u>	<u>Full</u>	<u>No</u>	<u>Disabled – In-Home Supportive Services (IHSS). Covers disabled individuals discontinued from the IHSS residual program for reasons other than the loss of Supplemental Security Income/State Supplemental Payment (SSI/SSP) until the county determines their Medi-Cal eligibility.</u>
6E	Full	No	<u>Craig v. Bonta</u> - Continued Eligibility for the Disabled. Covers former SSI/SSP recipients, who are disabled, until the county determines their Medi-Cal eligibility.
6G	Full	No	250 Percent Program Working Disabled. Provides full-scope Medi-Cal benefits to working disabled recipients who meet the requirements of the 250 Percent Program.
6H	Full	No	Federal Poverty Level – Disabled (FPL-Disabled). Provides full-scope (no SOC) Medi-Cal to qualified disabled individuals/couples.
6J	Full	No	SB 87 Pending Disability Program. Provides full-scope (no SOC) benefits to recipients 21 to 65 years of age, who have lost their non-disability linkage to Medi-Cal and are claiming disability. Medi-Cal coverage continues uninterrupted during the determination period.
6N	Full	No	Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA)/No Longer Disabled Recipients (FFP). Former SSI disabled recipients (adults and children not in aid code 6R) who are appealing their cessation of SSI disability.
6P	Full	No	PRWORA/No Longer Disabled Children (FFP). Covers children under age 18 who lost SSI cash benefits on or after July 1, 1997, due to PRWORA of 1996, which provides a stricter definition of disability for children.
6R	Full	Yes	SB 87 Pending Disability Program. Provides full-scope SOC benefits to recipients 21 to 65 years of age, who have lost their non-disability linkage to Medi-Cal and are claiming disability. Medi-Cal coverage continues uninterrupted during the determination period.
6U	Restricted to pregnancy and emergency services	No	Restricted Federal Poverty Level – Disabled (Restricted FPL-Disabled) Provides emergency and pregnancy-related benefits (no SOC) to qualified disabled individuals/couples who do not have satisfactory immigration status.
6V	Full	No	Aid to the Disabled – DDS Waiver (FFP). Covers persons who qualify for the Department of Developmental Services (DDS) Regional Waiver.

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Code	Benefits	SOC	Program/Description
6W	Full	Yes	Aid to the Disabled – DDS Waiver (FFP). Covers persons who qualify for the DDS Regional Waiver.
6X	Full	No	Medi-Cal In-Home Operations (IHO) Waiver with no SOC. Covers persons who qualify for the IHO waivers.
6Y	Full	Yes	Medi-Cal In-Home Operations (IHO) Waiver with a SOC. Covers persons who qualify for the IHO waivers.
60	Full	No	SSI/SSP Aid to the Disabled (FFP). A cash assistance program administered by the SSA that pays a cash grant to needy persons who meet the federal definition of disability.
63	Full	Y/N	Aid to the Disabled – LTC Status (FFP). Covers persons who meet the federal definition of disability who are medically needy and in LTC status.
64	Full	No	Aid to the Disabled – Medically Needy (FFP). Covers persons who meet the federal definition of disability and do not wish or are not eligible for cash grant, but are eligible for Medi-Cal only.
65	Full	Y/N	Aid to the Disabled Substantial Gainful Activity/Aged, Blind, Disabled – Medically Needy IHSS (non-FFP). Covers persons who (a) were once determined to be disabled in accordance with the provisions of the SSI/SSP program and were eligible for SSI/SSP but became ineligible because of engagement in substantial gainful activity as defined in Title XVI regulations. They must also continue to suffer from the physical or mental impairment that was the basis of the disability determination or (b) are aged, blind or disabled medically needy and have the costs of IHSS deducted from their monthly income.
66	Full	No	Aid to the Disabled Pickle Eligibles (FFP). Covers persons who meet the federal definition of disability and are covered by the provisions of the <u>Lynch v. Rank</u> lawsuit. No age limit for this aid code.
67	Full	Yes	Aid to the Disabled – Medically Needy, SOC (FFP). (See aid code 64 for definition of Disabled – MN.) SOC is required of the recipients.
68	Full	No	Aid to the Disabled IHSS (FFP). Covers persons who meet the federal definition of disability and are eligible for IHSS. (See aid codes 18 and 65 for definition of eligibility for IHSS.)

Code	Benefits	SOC	Program/Description
69	Restricted to emergency services	No	Income Disregard Program. Infant (FFP) – Undocumented/Nonimmigrant Alien (but otherwise eligible). Provides emergency services only for infants under 1 year of age and beyond 1 year when inpatient status, which began before 1st birthday, continues and family income is at or below 200 percent of the federal poverty level.
7A	Full	No	100 Percent Program. Child (FFP) – United States Citizen, Lawful Permanent Resident/PRUCOL/(IRCA Amnesty Alien [ABD or Under 18]). Provides full benefits to otherwise eligible children, ages 6 to 19 and beyond 19 when inpatient status began before the 19th birthday and family income is at or below 100 percent of the federal poverty level.
7C	Restricted to pregnancy and emergency services	No	100 Percent Program. Child – Undocumented/Nonimmigrant Status/[IRCA Amnesty Alien (Not ABD or Under 18)]. Covers emergency and pregnancy-related services to otherwise eligible children, ages 6 to 19 and beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the federal poverty level.
7F	Valid for pregnancy verification office visit	No	Presumptive Eligibility (PE) – Pregnancy Verification (FFP). This option allows the Qualified Provider to make a determination of PE for outpatient prenatal care services based on preliminary income information. 7F is valid for pregnancy test, initial visit, and services associated with the initial visit. Persons placed in 7F have pregnancy test results that are negative.
7G	Valid only for ambulatory prenatal care services	No	Presumptive Eligibility (PE) – Ambulatory Prenatal Care Services (FFP). This option allows the Qualified Provider to make a determination of PE for outpatient prenatal care services based on preliminary income information. 7G is valid for Ambulatory Prenatal Care Services. Persons placed in 7G have pregnancy test results that are positive.
7H	Valid only for TB-related outpatient services	No	Medi-Cal Tuberculosis (TB) Program. Covers individuals who are TB-infected for TB-related outpatient services only.

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Code	Benefits	SOC	Program/Description
7J	Full	No	Continuous Eligibility for Children (CEC) program. Provides full-scope benefits to children up to 19 years of age who would otherwise lose their no Share of Cost Medi-Cal.
7K	Restricted to pregnancy and emergency services	No	Continuous Eligibility for Children (CEC) program. Provides emergency and pregnancy-related benefits (no Share of Cost) to children up to 19 years of age who would otherwise lose their no Share of Cost Medi-Cal.
7M	Valid for Minor Consent services	Y/N	Minor Consent Program (Non-FFP). Covers minors aged 12 and under 21. Limited to services related to Sexually Transmitted Diseases, sexual assault, drug and alcohol abuse, and family planning.
7N	Valid for Minor Consent services	No	Minor Consent Program (FFP). Covers pregnant female minors under age 21. Limited to services related to pregnancy and family planning.
7P	Valid for Minor Consent services	Y/N	Minor Consent Program (Non-FFP). Covers minors age 12 and under 21. Limited to services related to Sexually Transmitted Diseases, sexual assault, drug and alcohol abuse, family planning, and outpatient mental health treatment.
7R	Valid for Minor Consent services	Y/N	Minor Consent Program (FFP). Covers minors under age 12. Limited to services related to family planning and sexual assault.
<u>7T</u>	<u>Full</u>	<u>No</u>	<u>National School Lunch Program (NSLP) Express Enrollment. Children determined by their school to be eligible for express Medi-Cal enrollment after an evaluation of the NSLP application. Assembly Bill 59 (AB 59) Chapter 894 (Statutes of 2001) allows designated schools to share information from the NSLP with local Medi-Cal offices for the purpose of enrolling a child in Medi-Cal with no Share of Cost.</u>
7X	Full	No	Two-Month Medi-Cal to Healthy Families (MC-HF) Bridge (FFP). Provides two additional calendar months of health care benefits with no SOC, to Medi-Cal parents, caretaker relatives, legal guardians and children who appear to qualify for HF.

Code	Benefits	SOC	Program/Description
70	Restricted to pregnancy-related services	No	Asset Waiver Program (Pregnant). United States Citizen, Permanent Resident Alien/PRUCOL Alien or Undocumented/Nonimmigrant Alien (but otherwise eligible). Provides family planning, pregnancy-related, and postpartum services under the State-only funded expansion of the Medi-Cal program for a pregnant woman having income between 185 percent and 200 percent of the federal poverty level (State-Only Program).
71	Restricted to dialysis and supplemental dialysis-related services	Y/N	Medi-Cal Dialysis Only Program/Medi-Cal Dialysis Supplement Program (DP/DSP) (Non-FFP). Covers persons of any age who are eligible only for dialysis and related services.
72	Full	No	133 Percent Program. Child – United States Citizen, Permanent Resident Alien/PRUCOL Alien (FFP). Provides full Medi-Cal benefits to children ages 1 up to 6 and beyond 6 years when inpatient status, which began before 6th birthday, continues and family income is at or below 133 percent of the federal poverty level.
73	Restricted to parenteral hyperalimentation-related expenses	Y/N	Medi-Cal TPN Only Program/Medi-Cal TPN Supplement Program (Non-FFP). Covers persons of any age who are eligible for parenteral hyperalimentation and related services and persons of any age who are eligible under the Medically Needy or Medically Indigent Programs.
74	Restricted to emergency services	No	133 Percent Program (OBRA). Child Undocumented/ Nonimmigrant Alien (but otherwise eligible) (FFP). Provides emergency services only for children ages 1 up to 6 and beyond 6 years when inpatient status, which began before 6th birthday, continues and family income is at or below 133 percent of the federal poverty level.

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Code	Benefits	SOC	Program/Description
75	Restricted to pregnancy-related services	No	Asset Waiver Program (Pregnant). Provides family planning, pregnancy-related, and postpartum services for amnesty aliens under the State-only funded expansion of the Medi-Cal program for a pregnant woman having income between 185 percent and 200 percent of the federal poverty level (State-Only Program).
76	Restricted to 60-day postpartum services	No	60-Day Postpartum Program (FFP). Provides Medi-Cal at no SOC to women who, while pregnant, were eligible for, applied for, and received Medi-Cal benefits. They may continue to be eligible for all postpartum services and family planning. This coverage begins on the last day of pregnancy and ends the last day of the month in which the 60th day occurs.
79	Full	No	Asset Waiver Program (Infant). Provides full Medi-Cal benefits to infants up to 1 year, and beyond 1 year when inpatient status, which began before 1st birthday, continues and family income is between 185 percent and 200 percent of the federal poverty level (State-Only Program).
8E	Full	No	Accelerated Enrollment. Provides immediate, temporary, fee-for-service, full-scope Medi-Cal benefits to children under the age of 19.
8F	CMSP <u>acute inpatient</u> services only (companion aid code <u>to aid code 53</u>)	Y/N	State-Run CMSP Companion Aid Code. Used in conjunction with Medi-Cal aid code 53. Code 8F will appear as a special aid code and will entitle the eligible client to <u>acute inpatient services only while residing in a Nursing Facility Level A or B.</u>
8G	Full	No	Qualified Severely Impaired Working Individual Program Aid Code. Allows recipients of the Qualified Severely Impaired Working Individual Program to continue their Medi-Cal eligibility.
8H	Family PACT (SOFP services only) No Medi-Cal	N/A	Family PACT (also known as SOFP – State-Only Family Planning). Comprehensive family planning services for low income residents of California with no other source of health care coverage.
8N	Restricted to emergency services	No	133 Percent Program (OBRA). Child Undocumented/Nonimmigrant Alien (but otherwise eligible except for excess property) (FFP). Provides emergency services only for children ages 1 up to 6 and beyond 6 years when inpatient status, which began before 6th birthday, continues, and family income is at or below 133 percent of the federal poverty level.

Code	Benefits	SOC	Program/Description
8P	Full	No	133 Percent Program. Child – United States Citizen (with excess property), Permanent Resident Alien/PRUCOL Alien (FFP). Provides full-scope Medi-Cal benefits to children ages 1 up to 6 and beyond 6 years when inpatient status, which began before 6th birthday, continues, and family income is at or below 133 percent of the Federal poverty level.
8R	Full	No	100 Percent Program. Child (FFP) – United States Citizen (with excess property), Lawful Permanent Resident/PRUCOL/(IRCA Amnesty Alien [ABD or Under 18]). Provides full-scope benefits to otherwise eligible children, ages 6 to 19 and beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the Federal poverty level.
8T	Restricted to pregnancy and emergency services	No	100 Percent Program. Child – Undocumented/Nonimmigrant Status/(IRCA Amnesty Alien [with excess property]). Covers emergency and pregnancy-related services only to otherwise eligible children ages 6 to 19 and beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the Federal poverty level.
8U	Full	No	<u>Deemed Eligibility (DE) CHDP Gateway/Medi-Cal. Provides full-scope, no Share of Cost (SOC) Medi-Cal benefits for infants born to mothers who were enrolled in Medi-Cal with no SOC in the month of the infant's birth.</u>
8V	Full	Yes	<u>Deemed Eligibility (DE) CHDP Gateway/Medi-Cal. Provides full-scope Medi-Cal benefits with a Share of Cost (SOC) for infants born to mothers who were enrolled in Medi-Cal with a SOC in the month of the infant's birth and SOC was met.</u>
8W	Full	No	CHDP Gateway Medi-Cal. Provides for the pre-enrollment of children into the Medi-Cal program who are screened as probable for no Share of Cost (SOC) Medi-Cal eligibility. Provides temporary full-scope Medi-Cal benefits with no SOC. The FFP for these benefits is available through Title XIX of the Social Security Act.
8X	Full	No	CHDP Gateway Healthy Families. Provides for the pre-enrollment of children into the Medi-Cal program who are screened as probable for Healthy Families eligibility. Provides temporary full-scope Medi-Cal benefits with no SOC. The FFP for these benefits is available through Title XXI of the Social Security Act.
8Y	CHDP services only	No	CHDP. Provides eligibility in the CHDP program for children who are known to Medi-Cal Eligibility Data System (MEDS) as not having citizenship or satisfactory immigration status. There is no FFP for these benefits.
80	Restricted to Medicare expenses	No	Qualified Medicare Beneficiary (QMB). Provides payment of Medicare Part A premium and Part A and B coinsurance and deductibles for eligible low income aged, blind or disabled individuals.
81	Full	Y/N	MI – Adults Aid Paid Pending (Non-FFP). Aid Paid Pending for persons over 21 but under 65, with or without SOC.
82	Full	No	MI – Person (FFP). Covers medically indigent persons under 21 who meet the eligibility requirements of medical indigence. Covers persons until the age of 22 who were in an institution for mental disease before age 21. Persons may continue to be eligible under aid code 82 until age 22 if they have filed for a State hearing.

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Code	Benefits	SOC	Program/Description
83	Full	Yes	MI – Person SOC (FFP). Covers medically indigent persons under 21 who meet the eligibility requirements of medically indigent.
84	CMSP services only (no Medi-Cal)	No	CMSP, MI – A (Non-FFP). Covers medically indigent adults aged 21 and over but under 65 years who meet the eligibility requirements of medically indigent.
85	CMSP services only (no Medi-Cal)	Yes	CMSP, MI – A (Non-FFP). Covers medically indigent adults aged 21 and over but under 65 years, who meet the eligibility requirements of medically indigent.
86	Full	No	MI – Confirmed Pregnancy (FFP). Covers persons aged 21 years or older, with confirmed pregnancy, who meet the eligibility requirements of medically indigent.
87	Full	Yes	MI – Confirmed Pregnancy (FFP). Covers persons aged 21 or older, with confirmed pregnancy, who meet the eligibility requirements of medically indigent but are not eligible for 185 percent/200 percent or the MN programs.
88	CMSP services only (no Medi-Cal)	No	CMSP, MI – A/Disability Pending (Non-FFP). Covers medically indigent adults aged 21 and over but under 65 years who meet the eligibility requirements of medically indigent and have a pending Medi-Cal disability application.
89	CMSP services only (no Medi-Cal)	Yes	CMSP, MI – A/Disability Pending (Non-FFP). Covers medically indigent adults aged 21 and over but under 65 years who meet the eligibility requirements of medically indigent and have a pending Medi-Cal disability application.
9A	Cancer Detection Programs: Every Woman Counts only	No	<p>The Cancer Detection Programs: Every Woman Counts recipient identifier. Cancer Detection Programs: Every Woman Counts offers benefits to uninsured and underinsured women, 25 years and older, whose household income is at or below 200 percent of the Federal poverty level. Cancer Detection Programs: Every Woman Counts offers reimbursement for screening, diagnostic and case management services.</p> <p>Please note: Cancer Detection Programs: Every Woman Counts and Medi-Cal are separate programs; however, Cancer Detection Programs: Every Woman Counts relies on the Medi-Cal billing process (with few exceptions).</p>
9H	HF services only (no Medi-Cal)	No	The Healthy Families (HF) Program provides a comprehensive health insurance plan for uninsured children from 1 to 19 years of age whose family's income is at or below 200 percent of the Federal poverty level. HF covers medical, dental and vision services to enrolled children.

Code	Benefits	SOC	Program/Description
9J	GHPP	No	GHPP-eligible. Eligible for GHPP benefits and case management.
9K	CCS	No	CCS-eligible. Eligible for all CCS benefits (i.e., diagnosis, treatment, therapy and case management).
9M	CCS Medical Therapy Program only	No	Eligible for CCS Medical Therapy Program services only.
9N	CCS Case Management	No	Medi-Cal recipient with CCS-eligible medical condition. Eligible for CCS case management of Medi-Cal benefits.
9R	CCS	No	CCS-eligible Healthy Families Child. A child in this program is enrolled in a Healthy Families plan and is eligible for all CCS benefits (i.e., diagnosis, treatment, therapy and case management).

Special Indicators: These indicators, which appear in the aid code portion of the county ID number, help Medi-Cal identify the following:

IE – Ineligible: A person who is ineligible for Medi-Cal benefits in the case. An IE person may only use medical expenses to meet the SOC for other family members associated within the same case. Upon certification of the SOC, the IE individual is not eligible for Medi-Cal benefits in this case. An IE person may be eligible for Medi-Cal benefits in another case where the person is not identified as IE.

RR – Responsible Relative: An RR is allowed to use medical expenses to meet the SOC for other family members for whom he/she is responsible. Upon certification of the SOC, an RR individual is not eligible for Medi-Cal benefits in this Medi-Cal Budget Unit (MBU). The individual may be eligible for Medi-Cal benefits in another MBU where the person is not identified as RR.

MEDS NETWORK USER MANUAL – Quick Reference Guide – AID CODES

01	RCA	41 *	AFDC-FC-SO	72	133% - Citizen/Lawful Perm Res/ PRUCOL/Cond Status
02	RMA/EMA	42	AFDC-FC/Federal	73 # \$4	TPN
03 \$2	AAP-Federal	44 # \$2	200% - Pregnant Citizen	74 #	133% - Undoc/Temporary Visa (OBRA)
04 \$2	AAP/AAC	45	Foster Care (FC)	76 # \$2	60 day Postpartum
05	SED (cash grant only)	47	200% - Infant Citizen	7A	100% - Citizen Child
08	ECA	48 # \$2	200% - Pregnant OBRA	7C #	100% - OBRA Child
09	FS	4A \$2	Out of State AAP Children	7H # \$9	Tuberculosis
0A	RCA-Exempt	4C \$5	Foster Care – Supportive Transitional Emancipation Pgm	7J	CEC
0M \$A	BCCTP AE - 2 months	4D	ADAM	7K #	CEC - Undoc
0N \$A	BCCTP AE	4F	KinGAP Cash Assistance – FFP for cash pmt	7M #	MC (age 12-21)-7R + Sexually Trans Disease, Drug/Alcohol Abuse
0P \$1	BCCTP	4G	KinGAP Cash Assistance – State-only for cash pmt	7N # \$2	MC (under 21)-all Pregnancy related svcs - No SOC
0R # \$1	BCCTP High Cost OHC	4K	EA Foster Care-Probation	7P #	MC (age 12-21)-7M + Outpatient Mental Health care
0T # \$1	BCCTP - State Only	4M	Former Foster Care Child	7R #	MC (under 12)-Family Planning, Sexual Assault
0U # \$1	BCCTP – Undocs	4P \$5	CalWORKs FR - AF	7T \$A	Express Enrollment
0V # \$1	Post BCCTP OU-ESO,LTC,Preg.	4R \$5	CalWORKs FR - 2P	7X \$2	Medi-Cal to HF Bridge
10	Aged-SSI/SSP-Cash	50 # @	CMSP OBRA/Out of County Care	7Y \$6	HF to Medi-Cal Bridge
11 *	Aged-SO	53 #	MI-LTC	80 # \$8	QMB
12 *	Aged-SC	54	Four Month Continuing	81	MI-APP
13	Aged-LTC	55 #	OBRA not PRUCOL LTC	82	MI-C
14	Aged-MN	58 #	OBRA Alien	83	MI-C SOC
16	Aged-Pickle Elig	59	Continuing TMC (6 months)	84 @	MI-A
17	Aged-MN SOC	5F #	OBRA Alien-Pregnant Woman	85 @	MI-A SOC
18 \$7	Aged-IHSS	5J #	SB87 Pending Disability	86	MI-CP
1A \$5	Aged-CAPI-Qualified Aliens	5K #	EA Foster Care-CWS-State Only	87	MI-CP SOC
1E	Aged-Pending SB87 Redeterm.	5R #	SB87 Pending Disability SOC	88 @	MI-A-Disability Pending
1F \$7	Aged-PCSP	5T #	Continuing TMC – ESO	89 @	MI-A-Disability Pending SOC
1H	Aged-FPL Program	5W #	Four Month Continuing – Pregnancy + ESO	8A \$8	QDWI
1U #	Aged-FPL Program-Undoc	5X	2 nd year TMC (1 year) age 19 & older (expired 9/30/2003)	8C \$8	SLMB
1X	MSSP	5Y #	2 nd year TMC (1 year) age 19 & older – ESO (expired 9/30/2003)	8D \$8	QI 135%
1Y	MSSP SOC	60	Disabled-SSI/SSP-Cash	8E \$A	Accelerated Medi-Cal for Children
20	Blind-SSI/SSP-Cash	61 *	Disabled-SO	8F @ \$3	CMSP Companion
21 *	Blind-SO	62 *	Disabled-SC	8G	SIWI
22 *	Blind-SC	63	Disabled-LTC	8H	FPACT
23	Blind-LTC	64	Disabled-MN	8K \$8	QI2 175% (exp. 12/31/2002)
24	Blind-MN	65	Disabled-SGA/ABD-MN (IHSS)- SOC/No SOC	8N #	133% Excess Prop Child - ESO
26	Blind-Pickle Elig	66	Disabled-Pickle Elig	8P	133% Excess Property Child
27	Blind-MN SOC	67	Disabled-MN SOC	8R	100% Excess Property Child
28 \$7	Blind-IHSS	68 \$7	Disabled-IHSS	8T #	100% Excess Property Child - Pregnancy + ESO
2A	Abandoned Baby	69 #	200% - Infant OBRA	8U \$A	CHDP Gateway Deemed Infant
2E	Blind-Pending SB87 Redeterm.	6A	DAC-Blind	8V	CHDP Gateway Deemed Infant SOC
2F \$7	Blind-PCSP	6C	DAC-Disabled	8W \$A	CHDP Gateway Medi-Cal
30	CalWORKs - AF	6E	Disabled-Pending SB87 Redetermination	8X \$A	CHDP Gateway Healthy Families
31 *	AFDC-FG-SO	6F \$7	Disabled – PCSP	8Y \$B	CHDP
32	TANF Timed-Out (State)	6G	250% Income Level for the Working Disabled	90-99 *	GR/GA (for county use)
33	CalWORKs -ZP-State Only(cash)	6H	Disabled-FPL Program	9A	BCEDP
34	AFDC-MN	6J	SB87 Pending Disability	9C	EAPC
35	CalWORKs -2P-State Only(cash)	6K \$5	CAPI-Non-Qualified Aliens	9E *	limits IEVS match to EDD
36	Disabled-COBRA-Widow/ers	6M \$5	CAPI-Sponsored Aliens	9F *	limits IEVS match to FTB
37	AFDC-MN SOC	6N	Former SSI No Longer Disabled in SSI Appeals Status	9G * \$5	GR/GA
38	Edwards v. Kizer	6P	PRWORA No Longer Disabled Children	9H \$6	Healthy Families Child
39	Initial TMC (6 months)	6R	SB87 Pending Disability SOC	9J	GHPP Eligible
3A	CalWORKs Timed-Out Safety Net - All Other Families	6T \$5	CAPI-LimitedTerm QualifiedAliens	9K	CCS Eligible Child
3C	CalWORKs Timed-Out Safety Net – Two Parent Families	6U #	Disabled-FPL Program-Undoc	9M	CCS Medical Therapy Program
3E	CalWORKs - LI - AF- Mixed	6V	DDS Waivers (No SOC)	9N	CCS Medi-Cal Benefits Only
3G	CalWORKs-ZP-Exempt-StateOnly	6W	DDS Waivers (SOC)	9R	CCS Eligible HF Child
3H	CalWORKs - ZP - Mixed	6X	Medi-Cal IHO Waiver (No SOC)	9S *	limits IEVS match to SSA
3L	CalWORKs - LI - AF - State Only	6Y	Medi-Cal IHO Waiver (SOC)	9T \$6	Healthy Families Adult
3M	CalWORKs - LI - 2P - State Only	71 # \$4	DP/DSP	9X	FC Ineligible (county funds)
3N	AFDC-1931(B) Non CalWORKs			IE %	Ineligible
3P	CalWORKs - AF - Exempt			RR %	Responsible Relative
3R	CalWORKs - ZP - Exempt				
3T #	Initial TMC - ESO				
3U	CalWORKs - LI - 2P - Mixed				
3V #	AFDC-1931(B) Non CalWORKs - ESO				
3W	TANF Timed-Out, Mixed Case (State)				
40	AFDC-FC/Non Federal				

MEDS NETWORK USER MANUAL – Quick Reference Guide – AID CODES

Key to symbols used:

*	Optional
#	Uses aid code message to limit scope of coverage
@	CMSP aid code
\$n	On MEDS in Special Program Segment – see list below
%	IE and RR can be in SOC or non-SOC case

Aid codes in this color are NOT valid for reporting to MEDS. If or when activated on MEDS the appropriate symbols will be added.

Notes:

The characters **I**, **O**, **Q**, **Z**, and **B** are not valid for aid code suffixes.

Aid codes active 07/01/2003: **0V,7T, 8W, 8X, 8Y**

Aid codes active 09/01/2003: **4P,4R**

Aid codes active 11/01/2003: **1X,1Y**

Aid codes active 06/01/2004: **8U,8V**

Special Program Segment Types:

1 BCCTP	5 GR/CAP	9 TB
2 CHILD	6 HFAMILY	A ACCEL
3 CMSP	7 IH/PCS	B CHDP
4 DI/TPN	8 MEDICR	

PENDING / RESERVED aid codes:

1D	<i>Aged-SSI/SSP Reduction</i>
2D	<i>Blind-SSI/SSP Reduction</i>
2X	<i>Section 1931(b) Reinstatements</i>
2Y #	<i>Section 1931(b) Reinstatements</i>
3D	<i>Family - SSI/SSP Reduction</i>
3F	<i>Family - SSI/SSP Reduction SOC</i>
3J	<i>CalWORKs - Diversion - AF</i>
3K	<i>CalWORKs - Diversion - 2P</i>
3X	<i>CalWORKs - Diversion - AF - State Only</i>
3Y	<i>CalWORKs - Diversion - 2P - State Only</i>
4H	<i>Foster Care-Undocs</i>
5A	<i>EA Seriously Emotionally Disturbed</i>
5P	<i>Not Qualified-NI (No SOC)-ESO</i>
6D	<i>Disabled-SSI/SSP Reduction</i>
7E	<i>100% - NE/Ni</i>

Valid aid codes but NOT IN USE at this time:

5G #	NI/Undocumented Aliens - OBRA (formerly 58s)
5H #	IDP OBRA Pregnant – Poverty Level Programs (formerly 48s)
5M #	OBRA Kids - Poverty Level Programs (formerly 7Cs)
5N #	OBRA NI/Undocumented Pregnant Women (formerly 5Fs)
7F \$	PE-Pregnancy Verification only
7G #	PE-Ambulatory Prenatal Care

Key to abbreviations used:

A	Adult (age 21 to 65)
AAC	Aid for Adoption of Children
AAP	Adoption Assistance Program
ABD	Aged, Blind, or Disabled
ADAM	Automated District Attorney Match
AE	Accelerated Eligibility
AF	All Families
AFDC	Aid to Families with Dependent Children
ANEC	Abused, Neglected, or Exploited Children

APP	Aid Paid Pending
BCCTP	Breast and Cervical Cancer Treatment Program
BCEDP	Breast Cancer Early Detection Program
C	Children under 21
CAAP	California Alternative Assistance Program
CalWORKs	California Work Opportunity and Responsibility for Kids
CAPI	Cash Assistance Program for Immigrants
CCS	California Children Services
CEC	Continuous Eligibility for Children
CHDP	Child Health Disability and Prevention
CMSP	County Medical Services Program
CP	Confirmed Pregnancy
DAC	Disabled Adult Children
DP	Dialysis Only Program
DSP	Dialysis Supplement Program
EA	Emergency Assistance
EAPC	Expanded Access to Primary Care
ECA	Entrant Cash Assistance
EDD	Employment Development Department
EMA	Entrant Medical Assistance
ESO	Emergency Services Only
FC	Foster Care
FG	Family Group
FPACT	Family Planning, Access, Care, and Treatment
FPL	Federal Poverty Level
FPSA	Formerly PRUCOL SSI/SSP Alien
FR	Family Reunification
FS	Food Stamp Program
FTB	Franchise Tax Board
GA	General Assistance
GHPP	Genetically Handicapped Persons Program
GR	General Relief
HCBS	Home and Community Based Services
HF	Healthy Families
IEVS	Income & Eligibility Verification System
IHO	In Home Operations
IHSS	In Home Supportive Services
IRCA	Immigration Reform and Control Act
KinGAP	Kinship Guardian Assistance Payment
LI	Legal Immigrant
LTC	Long Term Care
MC	Minor Consent
MI	Medically Indigent
MN	Medically Needy
MSSP	Multipurpose Senior Services Program
NE	New Entrant
NI	Non-Immigrant
OBRA	Omnibus Budget Reconciliation Act
PCSP	Personal Care Services Program
PE	Presumptive Eligibility
PRUCOL	Permanently Resident Under Color Of Law
PRWOR	Personal Responsibility and Work Opportunity Reconciliation Act
QDWI	Qualified Disabled Working Individual
QI	Qualifying Individual
QMB	Qualified Medicare Beneficiary
RAW	Replacement Agricultural Worker
RCA	Refugee Cash Assistance
RDP	Refugee Demonstration Project
RMA	Refugee Medical Assistance
SAW	Special Agricultural Worker
SC	Special Circumstances
SED	Seriously Emotionally Disturbed
SGA	Substantial Gainful Activity
SIWI	Severely Impaired Working Individuals
SLMB	Specified Low-Income Medicare Beneficiary
SO	Services Only
SOC	Share Of Cost
SS	Social Security
SSA	Social Security Administration
SSI/SSP	Supplemental Security Income / State Supplementary Payment
TANF	Temporary Assistance for Needy Families
TMC	Transitional Medi-Cal
TPN	Total Parenteral Nutrition
UP	Unemployed Parent
ZP	Zero Parent
2P	2 Parent